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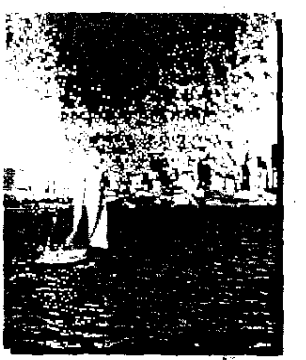

SOCIETY FOR RESEARCH ON NICOTINE AND TOBACCO

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PO3 24 A METHOD TO CONVERT PROLONGED ABSTINENCE AND POINT PREVALENCE QUIT RATES

Josue P. Keely, Ph.D.*, John R. Hughes, M.D., and Matthew J. Carpenter, M.A., University of Vermont

It is difficult to compare treatments across studies because some use point prevalence (PP) and some use prolonged abstinence (PA) outcomes. The present analysis examined whether there is an accurate method to compare PP and PA. We located 12 nicotine patch or gum, smoking-cessation studies that reported both PP and PA at the same followup. These studies provided 63 PP vs. PA pairs. Prolonged abstinence rates were 0.72 (95% confidence interval 0.68-0.76) of PP rates and the correlation between the two measures was 0.94 (R2 = 0.89). The PA/PP ratio did not vary by followup or absolute magnitude. To examine whether efficacy of treatment varied between PP and PA, we compared odds ratios (OR) using PP and PA rates. The ratio of ORs for PP to PA was near 1.0 (1.02, 95% confidence interval 0.90-1.14). The correlation between odds ratios was 0.82 (R2 = 0.67). These results are similar to those from two smaller datasets (Hughes, et al., in press; Velicer, personal communication). The small confidence interval for the PA/PP ratio indicates PA can be predicted accurately from PP and vice-versa. Thus, meta-analyses and reviews should now be able to combine PP and PA abstinence rates. Additionally, it appears that measures of efficacy (OR) derived from PP and PA are similar. We are currently expanding this analysis to include non-pharmacological treatments.

Supported by NIDA training grant 07242 (JK), NIDA SSA 00490(JH), and NIDA grant 11557.

CORRESPONDING AUTHOR: Josue P. Keely, Ph.D., Human Behavioral Pharmacology Laboratory, University of Vermont, 38 Fletcher Place, Burlington, VT 05401-1419 USA.

PO3 25 EFFECTS OF A CIGARETTES SUBSTITUTE ON ONGOING SMOKING

Josue P. Keely, Ph.D.*, John R. Hughes, M.D., and Jonathan S. Hirsch, B.A., University of Vermont

A number of "cigarette substitutes" (CS), such as Eclipse or Accord, have been introduced. We tested whether the use of a CS suppresses, or supplements ongoing smoking. Participants entered in an A-B-A-C-A-D-A study, in which A was smoking only their own cigarettes and B, C, and D were smoking their own cigarettes and at least 5, 10, and 15 Accord per day. Participants were provided with their own brand of cigarettes and with the new Accord cigarette. Six subjects have completed the first 3 conditions (A-B-A). The number of Accord smoked per day generally did not exceed the minimum 5 required. Neither the number of traditional cigarettes smoked per day nor carbon monoxide decreased when subjects smoked 5 Accord per day. The 4 subjects who have completed the 10 Accord per day condition decreased the number of cigarettes smoked per day by a mean of 26% but did not decrease their carbon monoxide. These preliminary findings suggest: 1) Accord is not a very acceptable product, 2) increases in Accord consumption decrease cigarette smoking, and 3) these decreases do not result in reductions in CO exposure. We plan to report on a total of 10 subjects completing all conditions at the meeting.

Supported by NIDA training grant 07242 (JK), NIDA SSA 00490(JH), and NIDA grant 11935. There was no tobacco industry funding.

CORRESPONDING AUTHOR: Josue P. Keely, Ph.D., Human Behavioral Pharmacology Laboratory, University of Vermont, 38 Fletcher Place, Burlington, VT 05401-1419 USA.

PO3 26 RANDOMIZED TRIAL OF NORTRIPTYLINE COMBINED WITH TRANSDERMAL NICOTINE FOR SMOKING CESSATION

Allan V. Prochazka, M.D., M.Sc.*, Rhonda Reyes, R.N., Connie Steinbrunn, B. Denver VA Medical Center, Thomas Miyoshi, B.A., University of Colorado Hea Sciences Center

Nortriptyline (NOR) is effective for smoking cessation. We conducted a dou blind, placebo controlled, randomized trial of NOR combined with transder nicotine in smokers (>10 cigarettes/day), aged 18-70, without current ma depression. Subjects received standard dose transdermal nicotine for 8 we and brief behavioral counseling. They were randomized to receive either NOR matched placebo (PL) (dose titrated over 2 weeks to target of 75 mg qhs at day, continued for 10 weeks, then tapered over 2 weeks). Self-report was idated with expired carbon monoxide (CO) and urinary cotinine. A total of subjects (86 women and 72 men) were randomized (79 PL, 79 NOR) with m cigarettes/day 22.3 (sd 8.1), mean CO 25.3 (sd 12.2), and mean Fagerst score 5.6 (sd 2.0) and no significant differences between the groups. At 7 d after the quit day, there was no significant reduction in craving (2.92 NOR vs 2 PL, p >0.20) and 48% (38/76) on NOR vs 37% (29/75) on PL had quit smol (difference 11%, 95% CI -5% to 27%, p=0.15). At 6 months, 19% (15/79) on N vs 10% (8/79) on PL had quit (difference 9%, 95% CI -5% to 23%, p=0.11). most common side effect was dry mouth 38% on NOR vs 8% on PL (p=0.0 We conclude there is a trend for improved cessation rates with combined N and transdermal nicotine.

The study was conducted at the Denver VA Medical Center and funded grant from the Department of Veterans Affairs.

CORRESPONDING AUTHOR: Allan V. Prochazka, M.D., M.Sc., Ambulatory C 11B, Denver VAMC, 1055 Clermont, Denver, CO 80220, USA.

PO3 27 AGE AND NICOTINE ADDICTION QUESTIONNAIR

C. Keith Haddock, Ph.D., Univ of Missouri and Mid America Heart Inst Aleksandras Radzius, M.H.S., NIH, NIDA/IRP, Robert Klesges, Ph.D., Ur Memphis, Harry Lando, Ph.D., Univ of Minnesota, Wayne Talcott, Ph.D., L Surgeon's General Office, and Alan Peterson, Ph.D., Willford Hall Medical Ce

Researchers hypothesize that younger and older smokers systematically in their responses on measures of self-reported nicotine addiction. We exar the factor structure of one of the most widely used measures of nicotine a tion, the Fagerstrom Test of Nicotine Addiction (FTND). Participants were viduals participating in U.S. Air Force Basic Military Training (BMT). Fro population of 32,144 trainees, 24.9% (n = 7,995) reported smoking regu Average age of the smokers was 19.7 (range = 17 to 35) and 24.3% were fe Individuals from ethnic minority backgrounds constituted 16.2% of the smo The cohort was divided into those who were 17 to 22 years old (teenager very young adults; n = 7,205) and those 23 years or older (young adults; n = A principal components analysis with Varimax rotation was conducted witho itation on the number of factors extracted. Item analysis of the FTND for th age groups revealed a nearly identical response pattern. Total scores o FTND did not significantly differ between the age groups (t = -.655, p = .51 identical, two-factor model was found for both age groups. Item factor loa were similar for both groups. Thus, the hypothesis that smokers of differe groups may respond differently on the FTND questionnaire was not supp Limitations and implications of this study will be discussed.

CORRESPONDING AUTHOR: Keith Haddock, 4825 Troost, Suite 124, K City, MO 64110. Fax: 816-235-1062. Email: haddockc@umkc.edu

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